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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

(For use with Form PTO/SB/06)

Application Number
09/436,184

Filing Date
11-8-99

Applicant(s)
WANDS et al.

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* Indep	* Depend	* Indep	* Depend	* Indep	* Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1						51		1			
2		1					52			1		
3		1					53			1		
4		1					54			1		
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6		1					56			1		
7		1					57			1		
8		1					58			1		
9	1						59		1			
10	1		1				60			1		
11		1					61			1		
12		1					62			1		
13		1					63			1		
14		1					64			1		
15		1					65			1		
16	1						66			1		
17		1					67					
18		1					68			4		
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20		1					70					
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22		1					72					
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48			1				98					
49			1				99					
50			1				100					
Total Indep	11						Total Indep		4			
Total Depend	27	←	←	←			Total Depend	33	←	←	←	
Total Claims	38						Total Claims	37				

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